

CLAIMS ONLY

Application Number

10804136

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	1		1				65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
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34							84					
35							85					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2		2				Total Indep					
Total Depend	13		13				Total Depend					
Total Claims	15		15				Total Claims					